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**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)**  
**OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)****SUCCESS STORY:**  
**MEETING MEDICAL NEEDS IN WEST SUMATRA**

Shortly after 5:00 p.m. on September 30, farmers were finishing the day's labor in rice paddies, children were out of school, fishermen were preparing their nets for the nightly fishing trip, and shop owners were beginning to close their shops throughout West Sumatra Province of Indonesia. Most women were preparing their household's evening meal, and the next call to prayer was at least an hour away. Without warning, a magnitude 7.6 earthquake struck, heaving massive amounts of land, toppling public buildings, causing houses to collapse, and resulting in landslides that destroyed roads and swept away villages.

The earthquake took an enormous toll, killing at least 1,117 people, injuring more than 2,000 others, and affecting a total of approximately 1.2 million people. As the quake shook the ground, buildings tumbled, killing and injuring people in the path of falling debris. Some individuals sustained physical injuries in the quake itself, while others showed symptoms of stress, shock, and trauma following the quake. Others were wounded while salvaging building materials from damaged or destroyed houses or beginning to rebuild houses; additional people manifested increased symptoms of illnesses linked with stress such as hypertension, dermatitis, and dyspepsia.



*Working at an IMC-supported puskesmas, or community health center, a local doctor bandages a boy's wound in Patamuan Subdistrict, West Sumatra Province (Diedra Spencer, USAID).*

Immediately following the quake, as well as in the days and weeks after the quake as people began to recover, victims required assistance to meet health needs. Accessing urgent medical care became problematic, as the earthquake damaged or destroyed at least 122 health facilities as well as numerous roads, delaying or impeding the normal flow of traffic. With funding from USAID/OFDA, International Medical Corps (IMC) quickly implemented a program to help people meet health needs following this disaster.

**SUPPORTING INDONESIA'S HEALTH CARE SYSTEM**

Not long after the quake, IMC staff members traveled from other areas of Indonesia to West Sumatra. IMC consulted with local government officials, who requested that IMC provide support in Padang Pariaman District. IMC began supporting local *puskesmas*, *posyandus*, and other medical facilities that are part of the Indonesian health care system. IMC provided significant quantities of medicines and pharmaceutical supplies, donated by GlaxoSmithKline and Abbott, and purchased other supplies as needed in order to fully stock medical facilities.

Throughout Indonesia, *puskesmas*, or community health centers, play a key role in the provision of health care. Staffed by a doctor, nurses, and midwives, each *puskesmas* serves approximately 10,000 to 20,000 people. *Puskesmas* provide primary health care for routine cases and hospital referral for more complicated cases. Each *puskesmas* receives support from the provincial government and is designed to operate free of charge. *Posyandus*, or mobile maternal and child health clinics, support the *puskesmas* by bringing health professionals to locations throughout the community that may be difficult to access or far from the nearest *puskesmas*.

The earthquake damaged or destroyed numerous *puskesmas* and made travel by car or truck to some *posyandus* difficult or impossible. Injuries and illnesses caused by or related to the quake, as well as landslides that damaged or blocked roads, increased the need for medical attention, particularly in the most affected areas.

### **STRENGTHENING LOCAL CAPACITY WHILE PROVIDING ESSENTIAL SERVICES**

In *puskesmas*, *posyandus*, and other facilities, IMC staff members are working with local Indonesian health care professionals to treat injuries and illness resulting from the earthquake, as well as to provide primary care for individuals in the disaster-stricken area. By supporting mobile *posyandus*, IMC is reaching individuals who are otherwise cut off from medical care.



*Dr. Susie works with a local midwife to conduct a routine baby exam in a posyandus in Lubok Kumbong village, West Sumatra Province (Diedra Spencer, USAID).*

Dr. Susie, one of IMC's medical doctors working in the *posyandus*, is treating earthquake-related injuries as well as providing primary care for individuals in the area affected by the recent disaster. After conducting a routine examination of a baby and speaking with the child's mother, Dr. Susie stated, "For two years, people [in this area] did not have a doctor. But now people are excited because they have a doctor." Dr. Susie also said that she is happy to work in a mobile clinic, treating people and referring others to the hospital.

The humanitarian community anticipates that medical needs may increase if the coming rainy season causes additional landslides in earthquake-affected areas. In addition to providing essential medical services to people now, IMC's program serves as a type of "insurance" for such events in the coming months. By funding IMC to work within the Indonesian health care system to care for disaster-affected individuals, USAID/OFDA is meeting immediate humanitarian needs while simultaneously strengthening local capacity.